



# Iowa Department of Public Health

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## Radiologic Technologist Stereotactic Requalification Worksheet

**Please submit supporting documentation**

\_\_\_ Current Radiologic Technologist Qualifications

\_\_\_ Previous Stereotactic Qualifications met

\_\_\_ 3 Stereotactic Biopsies under direct supervision

\_\_\_ 3 Stereotactic specific CEU's  
or # needed to bring to 3 CEU's

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*For State of Iowa use*

**STEREOTACTIC REQUALIFICATION DATE** \_\_\_\_\_

**INITIAL STEREOTACTIC QUALIFICATION START DATE** \_\_\_\_\_

(07/01/98 or date initial qualification was completed)

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**NAME OF TECHNOLOGIST** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_

**LOCATION OF TRAINING** \_\_\_\_\_

**NAME OF TRAINER** \_\_\_\_\_ **PP#** \_\_\_\_\_

IDPH Approval \_\_\_\_\_

Date \_\_\_\_\_